



Dr. David Clendening  
Superintendent

Dr. Brooke Worland  
Assistant Superintendent

Mrs. Tina Gross  
Chief Financial Officer

Mr. Matt Sprout  
Director of Technology

Mr. Jeff Sewell  
Director of Operations

**Intra-District Request Form**  
School Year: \_\_\_\_\_

This is a request to attend a school **within** the Franklin Community School Corporation but outside the boundaries of my residence. Intra-District Transfer Requests will be considered only if the receiving school has room for enrollment in the grade level being requested.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

	<b>Student Name</b>	<b>Grade Level</b>	<b>School of Residence</b>	<b>School Requested</b>
1.				
2.				
3.				
4.				
5.				

Reason for the request to transfer schools:  
\_\_\_\_\_  
\_\_\_\_\_

**Submit all requests to:**  
Franklin Community School Corporation  
**Attention: Sue Ann Kruger**  
998 Grizzly Cub Drive  
Franklin, IN. 46131  
Fax: 317-738-5800  
Email: krugers@franklinschools.org

Intra-District Transfer Requests will be considered only if the receiving school has room for enrollment in the grade level(s) being requested. I understand, should my request be granted, I am responsible for providing transportation for my child(ren) to and from school.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Superintendent

\_\_\_\_\_  
Date

**Approved**

**Denied**